

PATENT
Mail Stop ISSUE FEE
0508-1129

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of	Allowed September 14, 2009
Pierre MONSAN et al.	Conf. 4568
Application No. 10/527,819	Group 1623
Filed October 11, 2005	Examiner Michael C. HENRY
USE OF PREBIOTICS, PREFERABLY GLUCOLIGOSACCHARIDE, FOR THE PREVENTION OF THE ONSET OF TYPE II DIABETES	

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Receipt is acknowledged of the Filing Receipt for
Serial No. 10/527,819.

It is requested that a new Filing Receipt be issued on which the fifth-named inventor, **Remy BURCELIN of Ramonville-Saint-Agne**, is added as he was omitted from the original filing receipt. A copy of the original filed declaration (see page 3) and Application Data Sheet (see page 4) is attached.

Respectfully submitted,

YOUNG & THOMPSON

Benoît Castel

Benoit Castel, Reg. No. 35,041
209 Madison Street, Suite 500
Alexandria, VA 22314
Telephone (703) 521-2297
Telefax (703) 685-0573
(703) 979-4709

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

Rec'd PCT/PTO 11 OCT 2005

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "USE OF PREBIOTICS FOR THE TREATMENT AND PREVENTION OF HYPERGLYCEMIC SYNDROMES"

the specification of which: (check one)

REGULAR OR DESIGN APPLICATION

- ☐ is attached hereto.
- ☐ was filed on _____ as application Serial No. _____ and was amended on _____ (if applicable).

PCT FILED APPLICATION ENTERING NATIONAL STAGE

- ☒ was described and claimed in International application No. PCT/FR03/002705 filed on septembre 12, 2003 and as amended on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

PRIORITY CLAIM

I hereby claim foreign priority benefits under 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing (day, month, year)	Priority Claimed
FRANCE	02/11389	13 septembre 2002	Yes

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below:

Application No. _____ Filing Date _____ Status (patented, pending abandoned) _____

(Complete this part only if this is a continuing application.)

I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application No. _____ Filing Date _____ Status (patented, pending abandoned) _____

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from _____ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, Eric JENSEN, Reg. No. 37,855, and Liam MCDOWELL, Reg. No. 44,231,

c/o YOUNG & THOMPSON
Second Floor
745 South 23rd Street
Arlington, Virginia 22202

Customer Number

00466

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 Full name of sole or first inventor: MONSAN, Pierre

Inventor's signature: *P. Monsan*Date: April 11th, 2005

Residence: 22, chemin de la Gravette, F-31700 Citizenship: FRENCH
MONDONVILLE, FRANCE JRX

Post Office Address: _____

2 Full name of second joint inventor, if any: VALET, Philippe

Inventor's signature: *P. Valet*Date: April 12th, 2005

Residence: 57, rue des Saules, F-31000 Citizenship: FRENCH
TOULOUSE JRX
FRANCE

Post Office Address: _____

3 Full name of third joint inventor, if any: REMAUD-SIMEON, Magali

Inventor's signature: *M. Remaud-Simeon*Date: April 11th, 2005

Residence: 1, rue Benjamin Charrier, F-31520 Citizenship: FRENCH
RAMONVILLE-SAINT-AGNE, FRANCE JRX

Post Office Address: _____

4 Full name of fourth joint inventor, if any: SAULNIER-BLANCHE, Jean-Sébastien

Inventor's signature: *J. Saulnier-Blanche*Date: April 11th, 2005

Residence: 35, rue du Gai Savoir, F-31130 Citizenship: FRENCH
BALMA JRX
FRANCE

Post Office Address: _____

50 Full name of fifth joint inventor, if any: BURCELIN, RémyInventor's signature: [Signature]Date: April 14th 2005Residence: 24, rue des Fauvettes, F-31520 RAMONVILLE-
SAINT-AGNE, FRANCE GRVCitizenship: FRENCH

Post Office Address: _____

Full name of sixth joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of seventh joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of eighth joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of ninth joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?:	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?:	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	USE OF PREBIOTICS FOR THE TREATMENT AND PREVENTION OF HYPERGLYCAEMIC SYNDROMES
Attorney Docket Number::	0508-1129
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?:	No
Latin Name::	
Variety Denomination Name::	
Petition Included?:	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PIERRE
Middle Name::
Family Name:: MONSAN
Name Suffix::
City of Residence:: MONDONVILLE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 22, CHEMIN DE LA GRAVETTE
Address::
City of Mailing Address:: MONDONVILLE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-31700

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PHILIPPE
Middle Name::
Family Name:: VALET
Name Suffix::
City of Residence:: TOULOUSE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 57, RUE DES SAULES
Address::
City of Mailing Address:: TOULOUSE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MAGALI

Middle Name::

Family Name:: REMAUD-SIMEON

Name Suffix::

City of Residence:: RAMONVILLE-SAINT-AGNE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 1, RUE BENJAMIN CHARRIER

Address::

City of Mailing Address:: RAMONVILLE-SAINT-AGNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31520

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-SEBASTIEN

Middle Name::

Family Name:: SAULNIER-BLACHE

Name Suffix::

City of Residence:: BALMA

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 35, RUE DU GAI SAVOIR

Address::

City of Mailing Address:: BALMA
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-31130

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: REMY
Middle Name::
Family Name:: BURCELIN
Name Suffix::
City of Residence:: RAMONVILLE-ST AGNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 24, RUE DES FAUVETTES
Address::
City of Mailing Address:: RAMONVILLE-ST AGNE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-31520

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02705	9/12/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/11389	9/13/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::